

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043192

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED NOV 19 1963

Primary Registration District No.

4107

Registrar's No.

191

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>El Dorado Springs</u>		c. CITY OR TOWN <u>El Dorado Springs</u>	
Length of stay in lb <u>7 years</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Cedar Coe Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Route 2</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>M</u> Last <u>Collins</u>		4. DATE OF DEATH Month <u>Nov-</u> Day <u>12</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov-11-1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stone Mason and Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME <u>Noah Collins</u>		11b. MOTHER'S MAIDEN NAME <u>Alice Day</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		13. SOCIAL SECURITY NO. <u>[redacted]</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary E. Collins (Deceased)</u>		15. NAME OF INFORMANT <u>Hattie Mc Calmon, El Dorado Springs Mo</u>	
16. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriolosclerosis</u>		year <u>4</u>	
DUE TO (c) <u>Adenocarcinoma of lung-questionable on Xray</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>4</u> a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>November 1961</u> to <u>November 12, 1963</u> and last saw him alive on <u>November 12, 1963</u>		Sex <u>Male</u>	
Death occurred at <u>12:05</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Wm-C. Sunderman, D.O.</u>		22b. ADDRESS <u>El Dorado Springs, Missouri</u>	
22c. DATE SIGNED <u>11/13/63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov-14-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hope - Mound Cemetery Near Cedar Springs, Mo.</u>	
23d. LOCATION (City, town, or county) (State)	24. FUNERAL DIRECTOR ADDRESS <u>Melvin L. Janssens, El Dorado Springs</u>		
25. DATE RECD. BY LOCAL REG. <u>11/14/1963</u>	26. REGISTRAR'S SIGNATURE <u>Joe E. Dunham</u>		

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

801144-002

NOV 26 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Melvin L. Lamsen*

Licensed Embalmer No. 4529

P. O. Address El Dorado, Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*No permit obtained*